

अण्डमान तथा
Andaman And



निकोबार राजपत्र
Nicobar Gazette

EXTRAORDINARY

प्राधिकार से प्रकाशित

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No. 220, Port Blair, Monday, September 30, 2013

अण्डमान तथा निकोबार प्रशासन
Andaman and Nicobar Administration
सचिवालय/ Secretariat

NOTIFICATION

Port Blair, dated the 30th September, 2013

No.217/2013 / F. No.34-13/2010-MPH.—In exercise of the powers conferred by Sub-Section (1) of Section 30 of the Registration of Births & Deaths Act, 1969 (Act. No. 18 of 1969) read with clause (f) of Section (1) of Section 2 thereof and in pursuance of the Government of India, Ministry of Home Affairs, Office of the Registrar General of India, New Delhi's letter No. 1/7/2011/-VS-CRS dated 20.05.2013, and in partial modification of Notification No. 70 of 2008 dated 03.06.2008 and Corrigendum No.1/7/2011/-VS-CRS dated 3.06.2013, the Lt. Governor, (Administrator) of Andaman and Nicobar Islands hereby substitutes the formats namely **Form No. 2 and Form No. 6** prescribed under rules 5 & 8 of the Registration of Births & Deaths Rules, 1999, as annexed with this Notification with immediate effect.

By order and in the name of the Lieutenant Governor,
Andaman and Nicobar Islands.

Sd./-
Assistant Secretary (Health)
(F. No.34-13/2010-MPH)

DEATH REPORT

To be filled by the informant

1. **Date of Death:** (Enter the exact day..... month and year the death took place e.g. 1-1-2013)
2. **Name of the Deceased :**
(Full name as usually written)
3. **Sex of the deceased :**
(Enter 'male' or 'female' do not use abbreviation)
4. **Name of Mother :**
Name of Father:
- 5a. **Name of Husband/ Wife**.....
5. **Age of the deceased :**
(If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours)
6. **Address of the deceased at the time of the death :**.....
7. **Permanent address of the deceased :**
8. **Place of death:** (Tick the appropriate 1,2 or 3 below and give the name of the Hospital/Institution or the address of the house where the death took place. If other place, give location)
 1. Hospital / Institution Name :
 2. House Address :
 3. Other Place :
9. **Informant's Name :**
Address :
(After completing all columns 1-21, informant will put date and signature here:)

Date: Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No. : Registration Date.....
 Registration Unit :
 Town/Village: District.....
 Remarks : (if any)

Name and Signature of the Registrar

To be filled by the informant

10. **Town or Village of Residence of the deceased:** (Place where the deceased actually lived. This can be different from the place where the death occurred. The house address is not required to be entered.
 - a) **Name of Town/Village:**
 - b) **Is it a Town or Village:** (Tick the appropriate entry below)
 1. Town
 2. Village
 - c) **Name of District :**
 - d) **Name of State :**
11. **Religion:** (Tick the appropriate entry below)
 1. Hindu
 2. Muslim
 3. Christian
 4. Any other religion : (write the name of the religion)
12. **Occupation of the deceased:**
(If no occupation write ' Nil')
13. **Type of medical attention received before death :** (Tick the appropriate entry below)
 1. Institutional
 2. Medical attention other than institution
 3. No medical attention

To be filled by the informant

14. **Was the cause of death medically certified? :** (Tick the appropriate entry below)
 1. Yes
 2. No
15. **Name of Disease or Actual Cause of Death:** (for all deaths irrespective of whether medically certified or not)
16. **In case this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy :** (Tick the appropriate entry below)
 1. Yes
 2. No
17. **If used to habitually smoke - for how many years :**
18. **If used to habitually chew tobacco in an form for how many years? :**
19. **If used to habitually chew arecanut in any form (including pan masala) for how many years? :**
20. **If used to habitually drink alcohol for how many years? :**

(Columns to be filled are over. Now put signature at left)

Registration No..... Registration Date.....
 Date of Death: Sex: 1. Male 2. Female
 Age..... Years/months/days/hours
 Place of Death: 1. Hospital/Institution 2. House
 3. Other place:

Name and Signature of the Registrar

सं/No.....

FORM—6



अण्डमान तथा निकोबार प्रशासन
पंजीयक जन्म एवं मृत्यु

Andaman & Nicobar Administration
Registrar of Births & Deaths



मृत्यु प्रमाण-पत्र
DEATH CERTIFICATE

(जन्म एवं मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12/17 तथा अण्डमान तथा निकोबार द्वीपसमूह जन्म एवं मृत्यु रजिस्ट्रीकरण नियम, 1999 के नियम 8/13 के अंतर्गत जारी किया गया)

(Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and Rules 8/13 of the Andaman & Nicobar Islands Registration of Births and Deaths Rules, 1999)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना मृत्यु के मूल लेख से ली गई है जो कि (स्थानीय क्षेत्र)..... तहसील जिलासंघ शासित प्रदेश v. Meku rFkk fudkckj }hi l en के रजिस्टर में उल्लिखित है।

This is to certify that the following information has been taken from the original record of Death which is the register for (local area/local body)..... of Tehsil / Block..... of District..... of Union Territory of **ANDAMAN AND NICOBAR ISLANDS**.

नाम / Name :

लिंग / Sex :

मृत्यु की तिथि / Date of Death :

मृत्यु का स्थान / Place of Death :

माता का नाम / Name of Mother :

पिता का नाम / Name of Father :

पति / पत्नी का नाम / Name of / Husband / Wife :

मृतक का मृत्यु के समय का पता /
Address of the deceased at the time of death:
पंजीकरण संख्या / Registration No. :

मृतक का स्थायी पता /
Permanent address of the deceased :

पंजीकरण दिनांक /
Date of Registration :

टिप्पणी / Remarks (if any) :

जारी करने की तिथि / Date of issue :

प्राधिकारी के हस्ताक्षर / Signature of the issuing authority

प्राधिकारी का पता / Address of the issuing authority

मोहर / Seal

“प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें@Ensure registration of every Birth and Death”